Any information copied from such Reports and Statements or for commercial purposes, other than using the name an NAME OF COMMITTEE (In Full)	
Scott Rigell for Congress	
Full Name (Last, First, Middle Initial) Comstock for Congress Mailing Address PO Box 831 City State McLean VA Purpose of Disbursement Political contribution Candidate Name Barbara J Comstock Office Sought: House Senate Prima Other State: VA District: 10	Date of Disbursement 10
Full Name (Last, First, Middle Initial) Address City State Purpose of Disbursement Candidate Name Office Sought: House Senate Prima Other State: District:	Date of Disbursement M M / D D / Y Y Y Y Amount of Each Disbursement this Period
Full Name (Last, First, Middle Initial) C. Mailing Address	Date of Disbursement
City State Purpose of Disbursement Candidate Name Office Sought: House Disbursement Prima Other State: District:	Amount of Each Disbursement this Period
SUBTOTAL of Disbursements This Page (optional)	2500.00 2500.00

TOTAL This Period (last page this line number only).....